

NOTICE OF APPEAL



APPELLANT INFORMATION

APPELLANT

Name: _____
Street/P.O. Box: _____
City, State, Zip: _____
Telephone Number: _____
Email: _____

APPELLANT REPRESENTATIVE (IF ANY)

Name: _____
Street/P.O. Box: _____
City, State, Zip: _____
Telephone Number: _____
Email: _____

**The Board will communicate with parties through email unless otherwise requested. It is the obligation of the parties and representatives to immediately inform the Board of any change to their contact information.*

***Please note that inclusion of attorney contact information on this Notice of Appeal does not constitute a formal entry of appearance required by the Rules of Practice and Procedure of the State Civil Service Appeals Board, 94-388 C.M.R. Chapter 1, § 6(C).*

NATURE OF APPEAL

Please select one:

Employment Grievance or Dispute (5 M.R.S. § 7082(4)) Reclassification (5 M.R.S. § 7082(5))

**Proceed to the corresponding section below. Please leave the other blank.*

EMPLOYMENT GRIEVANCE OR DISPUTE

Appellee (Name of State Agency): _____

Appellee address: _____

Date Appellant received notice of grievance or dispute: _____

Describe the grievance or dispute (submit as an attachment if more space is needed):

Step 1 (pursuant to 5 M.R.S. § 7083(1))

Date on which Appellant or Appellant's representative attempted to adjust the dispute through oral communication with Appellant's immediate supervisor: _____

Date Appellant's immediate supervisor rendered an oral decision (if any): _____

Step 2 (pursuant to 5 M.R.S. § 7083(2))

Date on which Appellant or Appellant's representative presented the grievance or dispute to Appellant's immediate supervisor, **in writing**: _____

Date Appellant's immediate supervisor rendered a written decision (if any): _____

**Please include the written grievance and the decisions as attachments to this Notice of Appeal*

Step 3 (pursuant to 5 M.R.S. § 7083(3))

Date on which Appellant or Appellant's representative presented the grievance or dispute to Appellant's department head, **in writing**: _____

Date on which Appellant or Appellant's representative met with Appellant's department head to discuss the grievance or dispute (if any): _____

Date Appellant's department head rendered a written decision (if any): _____

**Please include the written grievance and the decisions as attachments to this Notice of Appeal*

Step 4 (pursuant to 5 M.R.S. § 7083(4))

Date on which Appellant or Appellant's representative presented the grievance or dispute to the State Human Resources Officer, **in writing**: _____

Date State Human Resources Officer rendered a written decision (if any): _____

**Please include the written grievance and the decisions as attachments to this Notice of Appeal*

RECLASSIFICATION

State Agency: _____

Position(s) current title and classification: _____

Title and classification sought: _____

Date of State Human Resources Officer written decision: _____

Describe the challenged reclassification process (submit as an attachment if more space is needed):

**Please include as attachments any relevant job descriptions, Functional Job Analyses, and written decisions from the Bureau of Human Resources.*

Signature of Appellant: _____

Date: _____

FILING INSTRUCTIONS

Send the completed form, including all attachments, to the Clerk of the Board by mail or email:

Civil Service Appeals Board
ATTN: Clerk of the Board
79 State House Station
Augusta, ME 04333-0079
csab.bhr@maine.gov

**After reviewing this form and any attachments for completeness, the Clerk of the Board will forward it to the Chair of the Board for processing and scheduling.*